



**COMMONWEALTH
OF MASSACHUSETTS**

Office of Consumer Affairs and Business Regulation

HOME IMPROVEMENT CONTRACTOR ARBITRATION PROGRAM

**CONTRACTOR
REQUEST FOR ARBITRATION
FORM**

As of May 13, 2000, the Office of Consumer Affairs and Business Regulation provides the administrative services of the program and serves as the “arbitration firm.” Independent professional arbitrators hear the cases and render decisions according to procedures outlined in 201 CMR 14.00.

You should send an original and two photocopy sets (3 complete sets all together) of your *Request for Arbitration*, as well as 3 copies of your contract to:

Home Improvement Contractor Arbitration Program
Office of Consumer Affairs and Business Regulation
10 Park Plaza, Suite 5170
Boston, MA 02116
(617) 973-8700

Commonwealth of Massachusetts
Home Improvement Contractor Arbitration Program

Contractor Request for Arbitration

___ Check here if this is being filed as a counterclaim to a consumer *Request for Arbitration*

Section 1: Applicant Information

Name: _____

Business Name: _____

Title or affiliation with business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Call the Board of Building Regulations and Standards (617-727-3200 extension 25205) to obtain the following information:

Home Improvement Contractor Registration Number: ____ _

Effective Dates of Registration: ____/____/____ to ____/____/____

All registered home improvement contractors will have both an "Applicant" name and a "Responsible Individual" name on file with the Board of Building Regulations and Standards. You will need to list both the "Applicant" name and the "Responsible Individual" name below.

Contractor's Business Name (on file as "Applicant") _____

Individual Responsible for Contractor's Work _____

Address on file with the Board of Building Regulations and Standards (if different from above):

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Section 2: Agent/Attorney Information

If you will be represented by an agent or attorney in this action, complete this section.

Name of Agent/Attorney: _____

Firm: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 3: Qualification Information

Circle yes or no to each question.

- A. Is there a written contract for the job? yes no
- B. Does the contract contain a clause signed by both parties agreeing to arbitration as the method of dispute resolution? (Note: this is not applicable for counterclaims.) yes or no
- C. Was the contract for improvements, repairs, renovations, alterations, or additions to a pre-existing, owner-occupied residence with no more than 4 units? yes no
- D. Was the contractor registered with the state as a Home Improvement Contractor on the date the contract was signed? yes no
- E. Was the contract for improvements, repairs, renovations, alterations, or additions to a pre-existing, owner-occupied residence with no more than 4 units? yes no
- F. Is the property or residence located in Massachusetts? yes no
- G. Is the property the owner's primary residence? yes no
- H. Will this *Request for Arbitration* be filed within 2 years of the contract date? yes no
- I. If this *Request for Arbitration* was not filed within 2 years of the contract date, did you attempt to resolve this dispute with the homeowner through mediation? yes no
If yes, enter the date you or the homeowner filed a request for mediation: ____/____/____
If yes, enter the date the mediation process ended: ____/____/____

Section 4: Homeowner Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone _____

Section 5: Contract Information

- A. Date contract was signed: ____/____/____
- B. Total Contract Amount: \$_____
- C. Scheduled work start date: ____/____/____ Actual work start date ____/____/____
- D. Scheduled work finish date: ____/____/____ Actual work finish date: ____/____/____
- E. Include three copies of your contract with the three copies of your *Request for Arbitration*.

Section 6: Dispute Information

A. Please write a summary of the events which led to the filing of this claim. You may attach additional sheets if necessary. ***For this section only, you may attach a summary instead of writing below.***

[illegible]

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Section 7: Requested Relief

A. Indicate the amount of money you are seeking from the homeowner for your damages.

I am seeking monetary damages from the homeowner in the total amount of \$_____.

B. List the work that you have properly completed, and list an estimated dollar value of this work.

[illegible]

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Section 7 Continued: Requested Relief

C. List the work that requires completion as well as any work that must be repaired. Circle whether the item is defective or incomplete. For each defective or incomplete item, list an estimated dollar value of how much it will cost to repair or complete that item.

List of Incomplete or Defective Items-	Estimated Dollar Value
Defective/Incomplete_____	\$_____
Defective/Incomplete_____	\$_____
Defective/Incomplete_____	\$_____
Defective/Incomplete_____	\$_____
Defective/Incomplete_____	\$_____
Defective/Incomplete_____	\$_____
Defective/Incomplete_____	\$_____
Defective/Incomplete_____	\$_____

D. List any additional expenses that you are claiming that were not included above.

Description of expense	Dollar Value of Expense
_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____

E. Total dollar amount paid to you under the contract to date: \$_____

Please itemize the payments, indicating whether they were made in cash or by check, the dates they were made, the person who received the payment, and the purpose of the payment.

\$_____ check/cash on ____/____/____ to _____ for _____

\$_____ check/cash on ____/____/____ to _____ for _____

\$_____ check/cash on ____/____/____ to _____ for _____

\$_____ check/cash on ____/____/____ to _____ for _____

\$_____ check/cash on ____/____/____ to _____ for _____

\$_____ check/cash on ____/____/____ to _____ for _____

\$_____ check/cash on ____/____/____ to _____ for _____

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Section 8: Agreement Signature

Please read the statements below and then sign where indicated.

- I understand that I am required to submit **the original and two photocopies sets (3 complete sets altogether)** of this *Request for Arbitration*.
- I understand that this *Request For Arbitration* must be received by the state-approved arbitrator provided with this application **no more than 24 months after the date the contract was signed** (unless tolled for mediation).
- Furthermore, I understand and agree to pay the following Arbitration Fees:

Amount of Claim	Arbitrator Fee
Up to \$4,999	\$250
\$5,000 to \$9,999	\$300
\$10,000 to \$24,999	\$400
\$25,000 to \$49,999	\$500
\$50,000+	\$750

The above maximum fees are payable by the filing party. Should the opposing party file a counterclaim, s/he must pay a fee based upon the same maximum fee schedule.

For claims under \$10,000, the arbitration procedures presuppose that the dispute will be resolved through the submission of written documents, unless any party requests an oral hearing, or the arbitrator determines that an oral hearing is necessary.

An oral hearing should last no longer than four hours. If the arbitrator determines that additional hearing time is necessary to obtain sufficient evidence to render an award, the arbitrator may extend the hearing time. (The hearing also may be extended upon the agreement of each of the parties and the arbitrator.) The arbitrator is authorized to charge an additional fee of up to a maximum \$150.00 per hour if the hearing is extended beyond four hours (some arbitrators may charge less). The total additional fee will be shared equally by the filing and opposing parties.

I hereby request that the state-approved arbitration firm arbitrate my home improvement contract claim, and I hereby certify that all statements made in connection with this request for arbitration are true to the best of my knowledge.

Signed under the pains and penalties of perjury.

Applicant Signature: _____ Date ____/____/____

Applicant Name Printed: _____